

APN: 1320-32-111-074

2004 JUL -6 PM 3: 32

**RECORDING REQUESTED BY &
AFTER RECORDING MAIL THIS AFFIDAVIT TO:**

Rachelle J. Nicolle
Attorney at Law
1650 Highway 395, Suite 102B
Minden, NV 89423

WERNER CHRISTEN
RECORDER

\$20⁰⁰ PAID *KJ* DEPUTY

MAIL TAX STATEMENTS TO:
HERBERT C. SIMONS, TRUSTEE
JAMES MICHAEL SIMONS, TRUSTEE
944 Dean Drive
Gardnerville, NV 89410

24-7189

AFFIDAVIT - DEATH OF TRUSTEES


Herbert C. Simons and James Michael Simons, both being of legal age, being first duly sworn, both declare under penalty of perjury:

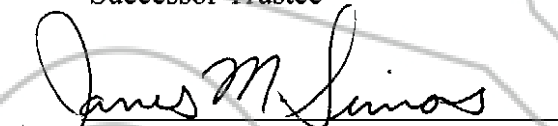
1. We hereby declare that Earl H. Simons, also known as Earl H. Simons Jr., died on May 31, 2004 (see attached certified copy of his Certificate of Death) and that Pauline P. Simons died on February 4, 1998 as demonstrated by the Affidavit-Death of Co-Trustee & Continued Sole Service of Remaining Co-Trustee (together with a certified copy of her Certificate of Death) filed with the Douglas County Recorder's Office in Book 0302, Page 04794 and Document 0536947 on March 14, 2002 (a copy is attached hereto ^{as Exhibit A} and incorporated herein by reference). We also hereby declare and affirm that the decedents mentioned above are the same persons as Earl H. Simons and Pauline P. Simons Co-Trustees of the Simons Trust dated October 11, 1991. We further declare that Earl H. Simons and Pauline P. Simons signed that certain Trust Transfer Deed, dated October 11, 1991, and recorded on October 23, 1991, in Book 1091, Page 4114, Document No. 263435 of the official records of Douglas County, Nevada, granting the property described below to the Simons Trust dated October 11, 1991:

Lot 11, 12, 13 & 14 of Block O of the TOWN OF
MINDEN as shown on the official map thereof filed in the
Office of the County Recorder of Douglas County, State of
Nevada on July 2, 1906 as Document No. 20840.

APN: 1320-32-111-074, Old APN: 25-213-06

4. The above stated affirmation is provided under penalty of perjury in Douglas County Nevada, and is dated June 29, 2002.

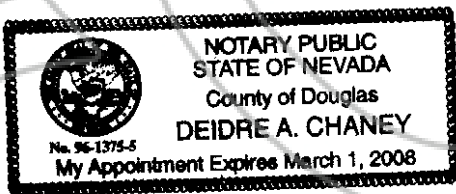

Herbert C. Simons
Successor Trustee

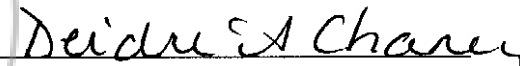

James Michael Simons,
Successor Trustee

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada)
) ss.
County of Douglas)

On June 29th, 2002, before me, a notary public for said state and county, personally appeared HERBERT C. SIMONS and JAMES MICHAEL SIMONS personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.




NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Earl Harrison SIMONS JR.		2. May 31, 2004	3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emmer. Rm. Inpatient (Specify)
3b. Gardnerville		3c. 944 Dean Dr.	3e. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
5. White		6.	7a. 86
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Idaho		9b. U.S.A.	10. 10 Years
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. ██████████-8295		14a. Inspector	14b. Aero Space Industry
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Gardnerville
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Earl Harrison Simons Sr.		17. Marie Clawson	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Herb Simons - Son		18b. 944 Dean Dr, Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. FitzHenry's Crematory	19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
21b. <i>[Signature]</i>		22b. <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 6/3/04		22b. 6/3/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1410		22c. 1410	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		23b. 8912	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. <i>[Signature]</i>		24b. June 4, 2004	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I (a) <i>respiratory failure</i>		Interval between onset and death	
(b) <i>pneumonia</i>		Interval between onset and death	
(c) <i>chronic obstructive lung disease</i>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		26. No	27. No
ACC. SUICIDE HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 267626

44709

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: JUN 04 2004

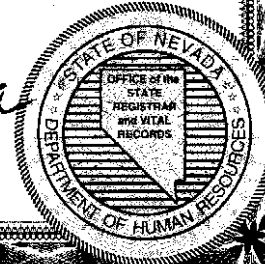
0617988

STATE REGISTRAR

This copy is not valid unless prepared on engraved border display and date seal and signature of Registrar.

DK0704 P601782

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



APN: 1320-32-111-074, Old APN: 25-213-06
RECORDING REQUESTED BY:

Rachelle J. Nicolle
Attorney at Law

AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle
Attorney at Law
1650 Highway 395, Suite 102B
Minden, NV 89423

MAIL TAX STATEMENTS TO:
EARL H. SIMONS, TRUSTEE
944 Dean Drive
Gardnerville, NV 89410

Exhibit "A"

**AFFIDAVIT - DEATH OF CO-TRUSTEE & CONTINUED
SOLE SERVICE OF REMAINING CO-TRUSTEE**

Earl H. Simons, of legal age, being first duly sworn, deposes and says:

1. That I, Earl H. Simons, am the sole surviving Co-Trustee of the **Simons Trust**, U/D/T dated October 11, 1991. I hereby affirm my intention to continue to act as the sole remaining Co-Trustee.
2. The terms of this Trust empower me to act as the sole Trustee for the Trust after the death of Pauline P. Simons.
3. I also declare and affirm that Pauline P. Simons, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Pauline P. Simons, Co-Trustee of the **Simons Trust** (U/D/T dated October 11, 1991 for the benefit of the Simons Family). Pauline P. Simons is one of the named Co-Trustee parties in that certain Grant Deed dated October 11, 1991 to Earl H. Simons and Pauline P. Simons, Trustees of the **Simons Trust**, and recorded on October 23, 1991, in Book 1091, Page 4114, Document No. 263435 of the official records of Douglas County, Nevada covering the property described below:

Lot 11, 12, 13 & 14 of Block O of the TOWN OF
MINDEN as shown on the official map thereof filed in the
Office of the County Recorder of Douglas County, State of
Nevada on July 2, 1906 as Document No. 20840.

APN: 1320-32-111-074, Old APN: 25-213-06

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0536947

BK0302PG04794

4. The above stated affirmation is provided under penalty of perjury in Douglas County Nevada, and is dated March 8, 2002.

Earl H. Simons JR
Earl H. Simons, Trustee

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada)
) ss.
County of Douglas)

On Mar 8, 2002, before me, a notary public for said state and county, personally appeared EARL H. SIMONS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Diane Jackson
NOTARY PUBLIC DIANE JACKSON
Notary Public • State of Nevada
Appointment Recorded in Douglas County
No: 94-10025 - Expires January 20, 2006

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2
BK0704PG01764 BK0302PG04795

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

98 001673

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First Middle Last Pauline Pearl SIMONS			2. DATE OF DEATH (Month, Day, Year) February 4, 1998		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3490 Mark Twain Ave.			3e. SEX Female		
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		6. AGE—Last Birthday (Years) 72		7. UNDER 1 YEAR MOS : DAYS 6	
8. STATE OF BIRTH (if not U.S.A., name country) Ohio		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SOCIAL SECURITY NUMBER 1132		13. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Cocktail Waitress		14. KIND OF BUSINESS OR INDUSTRY Restaurant		15. DATE OF BIRTH (Mo., Day, Yr.) June 27, 1925	
16. RESIDENCE—STATE Nevada		17. COUNTY Douglas		18. CITY, TOWN, OR LOCATION Gardnerville		19. STREET AND NUMBER 3490 Mark Twain	
20. INSIDE CITY LIMITS (Specify Yes or No) Yes		21. FATHER—NAME First Middle Last Calvin Englehart		22. MOTHER—MAIDEN NAME First Middle Last Marjorie Anna Squires		23. SURVIVING SPOUSE (if wife, give maiden name) Earl H. Simons, Jr.	

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

24. FATHER—NAME First Middle Last Calvin Englehart		25. MOTHER—MAIDEN NAME First Middle Last Marjorie Anna Squires	
26. INFORMANT—NAME (Type or Print) Earl H. Simons, Jr.		27. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3490 Mark Twain Ave., Gardnerville, Nv. 89410	

DISPOSITION

28. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		29. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		30. LOCATION City or Town State Carson City, Nevada	
31. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Will Taylor</i>		32. FUNERAL DIRECTOR LICENSE NUMBER 410		33. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1555 Hwy 395, Minden, Nevada 89423 48	

CERTIFIER

34. To be completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>John P. Kelly, M.D.</i>		35. To be completed by Coroner's Office 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) _____	
21b. DATE SIGNED (Mo., Day, Yr.) 2/5/98		21c. HOUR OF DEATH 1026	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) John P. Kelly, M.D., 550 W. Washington St., Carson City, Nevada		22c. PRONOUNCED DEAD (Mo., Day, Yr.)	
21f. LICENSE NUMBER 6376		22d. ON	
21g. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22e. AT	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. REGISTRAR (Signature) <i>Wanda K. ...</i>		37. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Feb. 5, 1998		38. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Lung Cancer		40. PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 1 yr 9 month	
41. PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		42. PART I (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
43. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		44. AUTOPSY (Specify Yes or No) No		45. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

CAUSE OF DEATH

46. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a.		47. DATE OF INJURY (Mo., Day, Yr.) 25b.		48. HOUR OF INJURY 25c.		49. DESCRIBE HOW INJURY OCCURRED 25d.	
50. INJURY AT WORK (Specify Yes or No) 25e.		51. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.		52. LOCATION 25g.		53. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 125825

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Sylvia
State Registrar

0617988 FEB 28 2002 0536947

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Rachelle Nicolle
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2002 MAR 14 AM 11:16

LINDA SLATER
RECORDER

\$17⁰⁰ PAID *Kg* DEPUTY

0617988

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